



**Preliminary Application**  
**CITY OF COVINA**  
**RESIDENTIAL REHABILITATION PROGRAM**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Number of persons living full-time in the residence to be repaired: \_\_\_\_\_
6. Annual gross income (2023) (include income of **all persons** over 18 years of age who live in the residence to be repaired):

<u>More than:</u>	<u>but Less than:</u>	<u>Check only one</u>
\$ - 0 -	\$ 70,650	[   ]
\$ 70,650	\$ 80,750	[   ]
\$ 80,750	\$ 90,850	[   ]
\$ 90,850	\$ 100,900	[   ]
\$ 100,900	\$ 109,000	[   ]
\$ 109,000	\$ 117,050	[   ]

7. Is the residence to be repaired owner occupied? No [   ] Yes [   ]
8. Has this household previously applied for assistance under this program? No [   ] Yes [   ] Year \_\_\_\_\_
9. Has this program assistance been provided previously at this address? No [   ] Yes [   ] Year \_\_\_\_\_
10. Do household assets exceed \$25,000 (do not include home and auto) No [   ] Yes [   ]
11. I certify to the best of my knowledge that the above statements are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

12. Briefly describe the type of rehabilitation work requested (be specific and detailed):

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_

Return Preliminary Application to: City of Covina Housing Division  
125 E. College Street  
Covina, CA 91723

For additional information, please call: (626) 384-5509

Date of initial contact for program assistance: \_\_\_\_\_

Funding for this program is received from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program.